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General Assembly

Twenty-sixth special session

Official Records

3rd meeting
Monday, 25 June 2001, 7 p.m.
New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 7.15 p.m.

Agenda item 7 (*continued*)

Review of the problem of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency Mr. Paramanga Ernest Yonli, Prime Minister of Burkina Faso.

Mr. Yonli (Burkina Faso) (*spoke in French*): On behalf of Burkina Faso and its President, His Excellency Mr. Blaise Compaore, I would like to express my deep satisfaction at the holding of this special session devoted to a subject of great concern: the HIV/AIDS pandemic. We certainly appreciate the overall content of the draft declaration, which takes into account most of our concerns regarding the various areas of the combat against HIV/AIDS.

The commitments entered into during the thirty-sixth summit meeting of the Organization of African Unity (OAU) and the decision to dedicate 15 per cent of the budgets of OAU members to combat HIV/AIDS are part of this overall process.

The conclusion that might be drawn from the state of affairs up to this point is that quite a few commitments have been entered into, many good intentions have been expressed, a series of promises have been made at the highest levels of our States. Yet today it must be noted that the words and intentions have yet to be followed by concrete actions, by actions that would implement the will expressed by our Governments and fulfil the hopes raised by these declarations of intent.

In my country, since the appearance of the first cases of AIDS in 1986, the Government of Burkina Faso has established a national committee to combat AIDS — a committee that has a permanent secretariat and that is a technical body charged with carrying out the programme to combat AIDS by means of the various relevant plans that have been adopted. I would like to note here some of the most significant actions, such as the establishment of the Projet Population et Lutte contre le Sida, which was conducted from 1995 to 2000 and made it possible to finance the fight against AIDS and sexually transmitted diseases. This work included such activities as epidemiological surveying; information, education and communication; the security of blood transfusions; and providing medical and psycho-social care to people suffering from and living with HIV/AIDS.

Another significant action was the launching, in 1998, in all the health-care regions of the country of a multimedia public awareness campaign. In September 2000, a walk-in treatment centre was opened, and a solidarity fund for AIDS sufferers and orphans was established.

Thirdly, the launching of the planning process, in 1998, resulted in the elaboration and adoption by the Government of a strategy framework for combating AIDS during the 2001-2005 period.

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To finance the national multisectoral plan to combat AIDS, the Government organized, with the support of the United Nations Development Programme, a donors round table last 22 June. This round table made it possible to ensure funding for the plan and for the International Conference on AIDS and Sexually Transmitted Diseases in Africa — known as CISMA. This conference will be held in Ouagadougou, our capital, from 9 to 13 December 2001.

Recently, in order to promote access to antiretroviral treatment, negotiations were conducted with pharmaceutical companies. These negotiations have made it possible to reduce the cost of such treatment, and the Government intends to supplement this effort with State subsidies.

Finally, since 9 May 2001, in order to better show our country's determination to succeed in the fight against this scourge, the status of the National Committee to Combat AIDS has been increased. It is now the National Council to Combat AIDS and Sexually Transmitted Diseases and reports directly to the President of Burkina Faso. This action now confirms — if confirmation were necessary — the personal commitment of the head of State to this struggle.

Burkina Faso is carrying out this struggle with the renewed support of our development partners. Allow me to take this occasion to acknowledge from this rostrum how grateful the people of Burkina Faso and all their leaders are to them.

Among these partners, we would like in particular to mention the Republic of China, whose aid has been very important. I should note that Taiwan, an important actor in development aid, is still a victim of marginalization and ostracism. The Republic of China should rapidly find again its place in our Organization in order to assume its portion of international responsibility.

Our people are calling on us to redefine our role as world leaders in the fight against HIV/AIDS. They want us to do our utmost and to do what is right in areas such as education, health and economic aid.

In this regard, Burkina Faso would like to launch an urgent appeal that, in the face of this major crisis affecting the entire human race, three areas of major concern be intensified, accelerated and consolidated. First, the international community should make sure that all AIDS sufferers, without any discrimination, have access to antiretroviral treatment and other types of appropriate care. Secondly, the antiretroviral drugs should be made more accessible not only financially but also geographically. Finally, research into vaccines and drugs should be pursued in all areas, in both modern and traditional medicine. This should be done within the framework of a global union of compassion and solidarity.

My country also is calling for cancelling the bilateral debt of the heavily indebted countries. We are calling for the creation of a global fund for combating HIV/AIDS and for health.

The time has come to make sure that the gap that separates millions of AIDS sufferers and HIV-positive people in the North and the South with regard to drugs and care should be reduced. Without meeting this minimal requirement of solidarity, could we continue to extol the benefits of the global village, of a world without geographical limitations?

How will future generations judge the world of today, in which ever more impressive technical and scientific achievements coexist with large segments of humanity continuing in the most abject poverty? If AIDS has resulted in many ravages in Africa, it is not a curse or fate that would strike us. This disaster is, above all, a tragedy of poverty, which leads to the absolute denial of the most elementary human rights.

In such a context, one can see that efforts at public awareness are not enough to prevent the expansion of this scourge. Confident of these factors, my country, Burkina Faso, is firmly convinced that the fight against AIDS is indissolubly linked with the struggle to eradicate poverty and with development for all. This pandemic has reminded us brutally about our duties of solidarity, social justice and shared progress.

The entire people of Burkina Faso is listening to this special session of the General Assembly of the United Nations and is expecting much from it. We would like to reaffirm our full adherence to the global declaration of commitment to fight AIDS that has been submitted for adoption here, the implementation of which will open new prospects in the fight against AIDS and will, we hope, lead to total victory over this pandemic in this century.

The President: The Assembly will now hear a statement by His Excellency the Right Honourable Owen Arthur, Prime Minister of Barbados.

Mr. Arthur (Barbados): Great events make fascinating history, but commonplace occurrences often have greater influence on our lives.

Historians have recorded that the First World War of 1914 to 1918 took a terrible toll of 8 million souls. Few recall, however, that the influenza epidemic that broke out after the war killed 20 million people. It is therefore not unknown for epidemics to devastate nations and regions.

The present HIV/AIDS pandemic could, however, make all previous epidemics look trifling by comparison. For HIV/AIDS is not just a health crisis. It is an economic and social threat that could lead to a global catastrophe of unprecedented proportions. It has the potential to fully reverse the social and economic achievements of the last half century and to engender a state of global insecurity in which Governments fall and societies crumble.

This special session of the General Assembly on HIV/AIDS is therefore timely. Let us hope it is not too late. To be sure, we do not have a moment to lose.

It is now know that the Caribbean has the highest number of reported AIDS cases in the Americas. Even more ominous, HIV/AIDS is the leading cause of death among the young people in our region. The Caribbean, except during the era of genocide and slavery, has never lost large numbers of its young people in wars or natural disasters. We are in danger now of losing to HIV/AIDS one of the most educated and creative generations in the history of our region. Such a tragedy would put the promise of twenty-first century sustainable development beyond the reach of our people.

But let us not labour under any delusions. HIV/AIDS is not a Caribbean, or an African, or simply a developing world problem. It is a global problem, reflecting our common but fragile humanity. For even those countries with the lowest rates of infection and highest rates of survival cannot quarantine themselves from this global pandemic without resorting to the most nightmarish of totalitarian measures.

There must be a way forward which relates to the universality of the threat we face in common. What we need now is a global emergency response that will support regional and national programmes to fight the HIV/AIDS pandemic.

The response should be a three-pronged approach that focuses on the following. First of all, effective information and education on how to avoid infection should be provided, especially to young people, the poor and other vulnerable groups. Secondly, there should be improved treatment and care of those infected and living with HIV/AIDS, without the stigma and bigotry that has too often characterized our dealing with those suffering from this disease. Thirdly, there must be an intensified and successful search for a cure and vaccine. The Caribbean has already taken steps along these lines to help fight the disease.

For example, a Pan-Caribbean Partnership against HIV/AIDS was launched in February as a broad coalition of stakeholders, including persons living with AIDS, to provide a multisectoral approach to the fight. The Partnership covers all the countries of the region and aims to reduce the rate of infection and improve the extent and quality of treatment. It will also draw on the Caribbean Regional Strategic Plan of Action already approved by heads of Government of the Caribbean Community (CARICOM) in July 2000.

At the national level, my country, Barbados, has designed its own comprehensive programme for the management, treatment and care of people infected by HIV/AIDS. My Government has pledged just under $100 million over the next five years, and we are currently negotiating a $15 million loan from the World Bank to help finance the national programme.

We regard the matter as being sufficiently important to warrant the extraordinary step of a petition to the World Bank, from whose loan programme we graduated in 1999, to readmit us to borrow, solely to support this initiative.

In addition, in order to signal both the gravity and the priority of the national fight against HIV/AIDS, in September last year, as Prime Minister of the country, I assumed responsibility for the coordination of our national programme. Subsequently, my Government has this month established a broad-based National Commission, chaired by the Special Envoy on HIV/AIDS, to advise on policy and to coordinate the implementation of the national programme. But all our national and regional efforts in the fight against HIV/AIDS require massive financial support from the entire international community.

In this respect, Barbados commends the work of the many United Nations agencies and other international organizations in the fight against AIDS, and we fully support the Secretary-General's call for the establishment of a global fund for AIDS and health.

However, I cannot stress enough that the HIV/AIDS pandemic is not just a health problem; it is the most serious threat to global security that now exists. A threat to human security of this order of magnitude, in any other sphere of human endeavour, would inspire a vast and commensurate mobilization of institutional and financial resources.

Nothing less, I submit, is now required to halt and to reverse the spread of HIV/AIDS. We dare not fail, for the price of failure would be to commit humankind to a future as bleak as at any time in the history of humanity. It would be, I submit, to commit humankind to the possibility of no future.

The President: The Assembly will now hear a statement by His Excellency Mr. Kumba Yalá, President of the Republic of Guinea-Bissau.

President Yalá (*spoke in Portuguese; French text provided by the delegation*): The twenty-sixth special session of the General Assembly devoted to HIV/AIDS, meeting here at such a high level and attended by such a large number of participants, reflects our unswerving commitment to our common ideals and objectives and also illustrates the relevance of the principles of active solidarity, which form the basis of our common, collective actions.

The sense of shared responsibility that has always guided the Members of our Organization and served as a source of inspiration for our work constitutes a valuable asset that we should preserve, strengthen and adapt to new challenges.

The goal of this session is to recall the commitments previously undertaken by world leaders in order to ensure global awareness of the issue as well as the mobilization of the national and external resources necessary for the prevention, control and treatment of this modern-day scourge.

Unprecedented hopes and expectations are associated with this forum. The HIV/AIDS epidemic, given its scope and devastating effects, is indeed one of the major challenges to the survival and development of humankind. Its spread throughout the world is jeopardizing the social and economic development of States and is affecting global society at the national, community, family and individual levels — in other words, at all imaginable levels.

In Africa, whose vulnerability has caused it to be the continent hardest hit by the epidemic, HIV/AIDS has given rise to an urgent situation that imperils our development, our social fabric and the life expectancy of our peoples.

Africa's tragic situation requires the urgent adoption of special measures. The Declaration and Plan of Action adopted by the African heads of State following the special Summit of the Organization of African Unity (OAU) in April of this year devoted to HIV/AIDS, tuberculosis and other related contagious diseases made clear the need to allocate a considerable percentage of our national budget — at least 15 per cent — to combating this epidemic.

However, it is clear that, for countries with limited means, such as mine, international solidarity is required in order for them to be able to participate in this common struggle. Each one of us — rich or poor, young or old, male or female — is affected by this epidemic, even though women, adolescents and children remain its principal victims. Poverty and underdevelopment constitute fertile ground for the spread of the epidemic, a situation that is further complicated by internal crises and conflicts.

Our Government is committed to enhancing our domestic mechanisms in order to accurately assess the situation and establish prevention programmes to fight HIV/AIDS.

Guinea-Bissau has one of the highest rates of HIV-2 infection in the world. Because between 8 and 10 per cent of its adult population is affected, our country cannot administer the necessary antiretroviral medications.

It is indispensable to intervene, in a coordinated and effective manner, at the national, regional and global levels, in order to reverse this trend and to stem the epidemic's spread throughout the world.

In all of our countries, the basic health infrastructures must be strengthened in order to make available effective prevention services as well as treatment for those who are ill. The latter must be given special attention to make sure that they are not marginalized or stigmatized.

Adequate sex education, the use of condoms, access to public health-care institutions and effective medication all are necessary in the fight against this epidemic.

The global strategy to combat AIDS adopted in December 2000 by the coordinating council of UNAIDS is a framework to harmonize strategies in order to fight AIDS.

We express our fervent hopes that this special session of the General Assembly will serve as a framework for thought, leading to the adoption of concerted measures by our States and Governments, civil society, NGOs and all other goodwill associations in the fight against HIV/AIDS.

The President: I give the floor to His Excellency Mr. Charles Josselin, Minister for Cooperation and la Francophonie of France.

Mr. Josselin (France) (*spoke in French*): Allow me first to welcome the occasion this special session represents. AIDS, which was long regarded as a health problem affecting only specific sectors of the public, is at last being seen for what it is: a terrible scourge, a major barrier to demographic, social and economic development, and in the most severely affected regions, a threat to political stability. In short, it is a political problem that demands targeted, comprehensive responses and the mobilization of all. This raising of awareness is the first victory.

A second victory awaits us at the conclusion of this session. We shall acknowledge that it is essential to combine prevention with access to treatment, and that effective prevention cannot exist without access to every kind of treatment, including antiretroviral drugs. Since 1997, France has been in the vanguard of this combat, especially in the establishment of an international therapeutic solidarity fund, and I am very glad to see that a consensus is emerging on this now.

Much remains for us to do. First, we must provide support for health-care systems, which have been so severely shaken and disrupted by the pandemic. France, together with several other European countries, proposes an initiative of hospital therapeutic solidarity, in addition to our country's bilateral cooperation efforts. By twinning European hospitals with hospitals in countries that wish to participate, especially in Africa, health professionals from northern countries will aid their southern colleagues in fighting this scourge.

Secondly, the prices of drugs must be lowered even further to make them accessible to a greater number of people. Manufacturers must resolutely adopt a differentiated pricing policy. Europe is willing to assist them in this. Moreover, it should be possible to authorize the manufacture of generic drugs in third countries, thereby giving real meaning to the flexibility provided for in the agreements on intellectual property rights.

Thirdly, prevention and treatment must be expanded everywhere — in communities, in the workplace and elsewhere. However, let us be careful to ensure equitable access for everyone, no matter what sector of the population they belong to.

Even though France devotes over 100 million francs of its bilateral aid annually to fighting AIDS, Prime Minister Lionel Jospin announced a further, very significant effort in this direction a few days ago. Ten per cent of the poorest countries' cancelled debt over the next 10 years, which is to say, the equivalent of 1 billion euros, will be allotted to combating AIDS.

France will further contribute approximately 150 million euros over three years to setting up the global AIDS and health fund proposed by the Secretary-General, which will also be used to finance campaigns against malaria and tuberculosis. We wish this fund to finance preventive campaigns and access to treatment for the sick. Lastly, we ask that part of the resources of the International Development Association (IDA) be earmarked for the campaign against AIDS in the form of grants.

Today, all elements are in place for beginning a new phase in the fight: political mobilization, lower-priced drugs, the funding needed for bolstering prevention and treatment policies. But the war has yet to be won.

Despite the arsenal at our disposal for containing this disease, we are incapable of treating many thousands of people, of taking care of several hundred thousands of pregnant women and of reaching the rural areas of the least developed countries. Until now, we have transferred the treatment and methods of care used by the wealthy Northern economies to a few teaching hospitals located in African capitals. The

problem is that these techniques are not suitable for the vast numbers of AIDS sufferers in need of treatment.

That is why the French Government is proposing that an international meeting on the subject "From commitment to action" be convened in Dakar on 30 November and 1 December of this year. The aim of the meeting will be to reach policy consensus on the methods of care to be used. For millions of sick people, nothing could be a source of greater despair than to know that the money is there and to see at the same time that nothing has changed.

I wish to thank the Secretary-General and President Wade of Senegal for their personal endorsement of this initiative. I also thank Mrs. Brundtland and Dr. Peter Piot for their support in the preparation of that meeting.

Lastly, I wish to stress that the rights of certain particularly vulnerable groups, whether or not they are infected, are still ignored. Here, I am referring to women and children, homosexuals, prostitutes and migrants. Yet even in countries such as mine where the disease has been contained, these sectors of the population continue to be infected despite the prevention policies. From a public health standpoint, it is inadmissible today not to recognize this reality.

The President: I give the floor to His Excellency Mr. Mohamed Rakieb Khudabux, Minister of Health of Suriname.

Mr. Khudabux (Suriname): It is a great honour for me, on behalf of the President of the Republic of Suriname, Mr. Runaldo Ronald Venetiaan, to address this special session on HIV/AIDS.

In the early years of the pandemic, Suriname established a dynamic national HIV/AIDS programme with an open attitude towards human sexuality, involving all sectors, including religious leadership and non-governmental partners, and with the full participation of vulnerable populations. But, as has been the case all over the Caribbean, national HIV/AIDS prevention and control in Suriname has suffered severe setbacks, mainly due to a reduction of external financial support for the national AIDS programme in the late 1990s. With political turbulence and a continued deterioration of the economy, along with considerable loss of human capacity in the private sector and relocation abroad, the technical staffing of the programme has also diminished.

But even in this downward spiral, the foundation laid by a strong and vibrant national AIDS programme in the early 1980s has been replaced by a well-integrated national STI/HIV programme. With limited resources, programme coordination has been able to maintain and improve the level of general HIV/AIDS awareness nationwide. Despite the multi-cultural character of our society, with fairly conservative ethnic groups involved, there has been considerable recognition that HIV/AIDS can strike any ethnic group.

Since its inception, the national AIDS programme has targeted its activities to vulnerable groups and to the prevention of HIV/AIDS in larger populations through public education, school programmes, control of sexually transmitted diseases and the prevention of mother-to-child transmission. There are also a number of non-governmental organizations (NGOs) working in the area of HIV/AIDS. Regular UNAIDS team group meetings are held to monitor progress of the various initiatives and develop joint strategies.

These efforts have undoubtedly contributed to maintaining relatively low rates of infection in the general population. However, due to the severe shortage of personnel and financing, the national AIDS programme has been unable to develop large-scale prevention programmes or assess their impact.

Moreover, there is a scarcity of resources for training health professionals in the areas of HIV/AIDS counselling, especially with regard to pre-test counselling, how to encourage partner notification and how to render support to affected and infected people living with HIV/AIDS, including the early diagnosis and treatment of opportunistic infections.

Another dilemma is the fact that while support is available to prevent the transmission of HIV from mother to child through the use of Nevirapine therapy, support to prolong the lives of mothers is not easily available due to the high cost of antiretroviral therapy for HIV/AIDS.

These are the realities we share with other developing countries. These are the problems we are grappling with on a daily basis. At present the HIV rates in the general Suriname population are relatively low, so there is a window of opportunity for positive action. Prompt action taken now, while prevalence is still low, would be highly cost-effective both economically and in terms of human security.

We know that HIV spreads rapidly once it takes hold of the general population. Infection levels of over 20 per cent have been recorded the country's vulnerable groups. Furthermore, AIDS was the second leading cause of death for males and the third leading cause for females in the age group 15 to 44 from 1997 through 1999. It is also spreading rapidly among the youth, especially among adolescent girls.

These trends indicate that behavioural change is not occurring at the rate which can bring about a decrease in HIV/AIDS incidence. This is not unique to Suriname. With a few exceptions, a significant trend of new HIV infections continues to be reported globally. In order to build up momentum for HIV/AIDS prevention and control in Suriname, my country has recently embarked upon the development of a five-year national HIV/AIDS strategic plan for 2003-2007 which will be a truly participatory, consultative process with the input of all sectors of society.

Mr. El-Amine (Comoros), Vice-President, took the Chair.

This initiative — driven from within and supported financially and technically by UNAIDS, the Caribbean Epidemiology Centre (CAREC), the Pan-American Health Organization (PAHO) and the World Health Organization (WHO), with Japanese and Dutch NGO support — will secure a broad-based national response that will not be solely dependent on the Ministry of Health and ad hoc financial inputs. Mobilization of human and financial resources will sustain the efforts to meet the short- and long-term goals to be set in this national plan, which will include greater involvement of persons living with and affected by HIV/AIDS. Through capacity-building, with technical backstopping from local and external support, this AIDS information and prevention group strategy will be one of the cornerstones of a successful HIV/AIDS programme in Suriname.

Through this strategic planning process we will also strive to meet the goals set by the international community at the five-year review of the International Conference on Population and Development, at the twenty-first special session of the General Assembly, in 1999. By 2005 at least 90 per cent and by 2010 at least 95 per cent, of men and women from ages 15 to 24 will have access to the information, education and services they need to develop the life skills required to reduce vulnerability to HIV infections. By 2005 the prevalence of HIV in the 15 to 24 age group is to be reduced by 25 per cent in the most affected countries, and by 2010 prevalence in this age group is to be reduced globally by 25 per cent.

Suriname looks forward to increased regional and international assistance in order to sustain and strengthen its momentum for our expanded response to the HIV/AIDS pandemic.

The Acting President: I give the floor to His Excellency the Honourable Levison Mumba, Minister of Health of Zambia.

Mr. Mumba (Zambia): Permit me to join the distinguished heads of State and Governments in thanking all of you and the United Nations system for convening this very important and special occasion on HIV/AIDS. In addition, I wish to commend the Secretary-General, Mr. Kofi Annan, for his personal and unprecedented leadership in the global fight against HIV/AIDS.

Please accept very warm greetings from the President of Zambia, Mr. Frederick J. T. Chiluba. It was his desire to be present at this special session on HIV/AIDS. However, due to unavoidable circumstances, he very much regrets that he cannot be with us today to join the community of nations gathered to take very concrete steps in the fight which is the world's most daunting task — that of overcoming the global crisis of HIV/AIDS. Nevertheless, he wishes this special session fruitful deliberations with very concrete commitments towards the eradication of the scourge of HIV/AIDS.

The HIV/AIDS pandemic is devastating Zambia and the South African Development Community (SADC) States, and the whole African continent is now under threat. Speakers from SADC and other regions will bear witness to this, and this is why this special session is timely. It poses a challenge to all of us to assess our achievements, learn from our failures and chart a new course based on renewed and viable partnerships that emphasize collective leadership regarding this problem.

The African continent is facing three very difficult and serious challenges: poverty, the debt burden and the HIV/AIDS pandemic. Of these, HIV/AIDS is the most devastating. In Zambia, the HIV/AIDS pandemic is the greatest humanitarian crisis

we are facing. It is causing a profound reversal of the development gains made over the past 30 years.

The epidemiological, demographic and socio-economic reversals caused by the HIV/AIDS epidemic include the following.

It is contributing to the high burden of disease in our Zambian community. Unfortunately, the situation has overwhelmed the hea t-care delivery system. It has led to financial pressure on the national treasury due to increasing high costs of drugs and expenditure on medical care. Infant, child and maternal mortality rates, after decades of steady improvement, have now worsened. These rates, combined with increased adult deaths due to HIV-related illnesses, have resulted in a decline in adult life expectancy, decimating the active age group required for economic growth. HIV/AIDS is worsening the effect of opportunistic infections, morbidity and mortality, especially among young children and pregnant women. HIV/AIDS is fuelling a huge population of orphans.

Both the public and private sectors have been affected in a number of ways, including loss of productivity. This has adversely affected our human resource base, undermining our efforts to revitalize the economy. HIV/AIDS is now estimated to reduce our gross domestic product by up to 2 per cent annually. If there is no stepping up of efforts to combat the pandemic, it is estimated that by 2010 this will rise to 20 per cent.

As a nation we have identified a synergetic relationship between poverty and HIV/AIDS. HIV/AIDS deepens poverty. Recent statistics show that women are two to four times more vulnerable to HIV infection than men. Major contributing factors, besides cultural barriers, are that women are not economically empowered and lack complete control over their lives, particularly control of their sexuality. The feminization of poverty is a growing phenomenon in Zambia, and it is exacerbating efforts at prevention, care and support strategies.

We recognize the political, economic and social risks of inaction and have quickly moved towards putting into place a national response. Several interventions have been adopted to curb the transmission of the virus and consequently reduce the spread of HIV/AIDS. Our response is premised on the recognition that HIV/AIDS is more than a health problem; it is a development issue. This understanding has expanded our focus and encompasses a multisectoral and multidimensional response.

In order to coordinate and strengthen the multisectoral and multidimensional responses, my Government has established the national HIV/AIDS STDTB Council. The Council has representation from a cross-section of society, such as government, non-governmental organizations, the private sector, religious organizations, youth, traditional leaders and people living with HIV/AIDS. The Council is tasked with formulating and reviewing policies and coordinating HIV/AIDS STDTB activities and ensuring effective monitoring and evaluation of programmes and activities. The Council reports to a committee of cabinet ministers.

We have moved towards mainstreaming HIV/AIDS into all our policies and programmes. We have incorporated an HIV/AIDS budget line in the national budget for use by each sectoral ministry.

The community has also responded to the crisis by developing various initiatives and infrastructure aimed at mitigating the impact of the scourge at the family and societal levels. This is being done through programmes such as home-based care, orphan support, income-generation and community support groups for both the infected and the affected.

Effective partnership has emerged between government and civil society, and this is exemplified by the work of organizations, such as the Business Coalition on HIV/AIDS and the Consortium on Adolescent Youth and Sexual Reproductive Health, which provides peer and parent elder education of HIV/AIDS and family planning.

Zambia therefore welcomes many initiatives, such as the creation of the global fund for HIV/AIDS and health, which we understand to mean a concerted multilateral effort to accelerate action to tackle the major communicable diseases.

We would like to associate ourselves with the principles that govern the global fund, as articulated by the UNAIDS programme coordinating board. This, however, should be preceded by broad consultations on the idea and the expectations of the fund and the key parameters, including, but not restricted to, governance and operation at country and regional levels.

Other factors to be addressed will include the role and the representation of developing countries in the

governing structure of the fund. More generally, we appeal to our rich friends to match words with deeds and remove subjective criteria to influence initiatives in this matter. We would, however, like to emphasize our stronger view that in order for the fund to achieve its intended purpose, it should be established with additional resources and avoid the creation of parallel systems.

We believe that the establishment of the fund is an opportunity to make a difference by demonstrating commitment to dealing with the problem of HIV/AIDS. Zambia will therefore be making a modest financial contribution to the fund, as a sign of our commitment to this global effort.

In conclusion, I would like to reaffirm Zambia's commitment to the declaration on HIV/AIDS that will be adopted at the special session. We believe that this signifies the dawn of a new era in the new millennium. We remain convinced that this special session will result in an unprecedented galvanization of global commitment and action to combat HIV/AIDS.

The Acting President: I call now on Her Excellency Ms. Celia Villalobos, Minister of Health and Consumer Affairs of Spain.

Ms. Villalobos (Spain) (*spoke in Spanish*): As we meet here in New York at United Nations Headquarters to discuss the problem of AIDS, more than 10,000 people have died, and more than 20,000 have been infected. Those figures, however, are only approximate because most countries have yet to acknowledge, or to recognize, the reality of this disease or its consequences. That is why it is so important that we take action and adopt the right decisions to face up to this very grave problem. Over the past 20 years, the pandemic has spread in an extraordinary way. It is devastating developing countries in particular. Beyond the pain it inflicts on millions of individuals, it is wiping out whole generations of the young people on whom many of those countries rely for economic and social development.

In the European Union the epidemic has been controlled up to a point with preventive, educational and treatment measures. To date, in Europe, including in Spain, AIDS is more a chronic disease than a threat to society and to people in general. But in other parts of Europe we are witnessing the emergence of the threat of AIDS, and European countries must watch the evolving situation very carefully. In countries such as those of sub-Saharan Africa, the epidemic threatens all segments of society, while in Latin America and the Caribbean — a part of the world towards which Spain has particular feelings — the epidemic is spreading in an alarming way, at times as a result of some of the natural phenomena of recent years.

Among the causes of the rapid spread of the epidemic are poverty, which is always linked to illiteracy; disparities between the rights of men and those of women; the stigmatization of AIDS and HIV patients; a lack of empathy with regard to sexual orientation; and the lack of health facilities for control and prevention.

The fight against illiteracy is a priority, along with education policies integrating teaching that will end practices that run counter to human rights, with the participation of families, teachers and young people. Laws should ensure respect for all, and should ensure that neither positive nor negative feelings with regard to sexual preferences are permitted. We acknowledge the efforts made by civil society groups to effect the changes needed to eliminate discrimination among patients, to give support to the most vulnerable groups, and to formulate preventive strategies for groups excluded from society.

Prevention is a key element. Fostering a favourable social environment by stimulating healthy changes in high-risk behaviours, promoting condom use, ensuring the availability of safe blood and avoidance of mother-to-child transmission are decisive elements of this strategy.

And, in the field of prevention, I want to make special mention of the prevention of HIV transmission among drug users. Damage-reduction programmes, especially among intravenous drug users, have had great success in preventing new cases in Spain. We have considerable experience here, since delays in beginning these damage-reduction programmes caused a rapid spread of the epidemic, which was not controlled until such programmes were implemented. The strategy of these programmes involves a powerful assistance network for drug addicts, including assistance facilities, methadone facilities and syringe exchange programmes. These damage-reduction programmes are particularly aimed at prisoners, and are oriented towards their reintegration into society and into the workplace, and towards primary prevention of drug use.

Those preventive efforts, along with advances in treatment, have drastically changed the evolution of the epidemic in Spain. But universal access to prevention and to integrated care for AIDS patients, including antiretrovirals and other medicines for the treatment of opportunistic infections, is abysmally unequal in different parts of the world. The strengthening of local capacities to gain access to essential medicines and antiretrovirals and the implementation of differential pricing will help in the distribution and proper use of these medicines. I am convinced that the tension between the universal right to health and the protection of intellectual property rights will be resolved favourably.

But access to antiretrovirals is not the only challenge. There is a great need to improve the training of health-care professionals and basic health systems; it will require an integrated approach. Here, Spain has joined other European Union countries in an initiative to which the representative of France has already referred: to forge a link between our hospital and primary care systems and the health-care training programmes of those countries.

The Kingdom of Spain firmly endorses the draft declaration of commitment as outlined by the President this morning. We are grateful for the work carried out by UNAIDS. We are willing to assist in the development and implementation of a global fund in the fight against AIDS. But neither the signing of the declaration of commitment nor the creation of the fund is an end in itself; we cannot return to our countries thinking that we have solved the problem. Millions of lives depend on our rapidly taking effective action to do so.

I would like finally to make reference to the fourteenth International AIDS Conference, which is to take place at Barcelona, Spain, in July 2002, and to call for participation by all States Members of the United Nations. The theme of the Conference will be "Knowledge and commitment for action", which faithfully reflects the principles of the whole international campaign against HIV/AIDS.

We are entirely convinced that this is the right course to follow. Five or 10 years from now, we cannot simply meet here again to make the same lovely speeches while millions of our fellow citizens are dying. People expect commitment from us, and they expect solutions to this problem.

The Acting President: I now give the floor to His Excellency Mr. Giandomenico Magliano, Director General for Development Cooperation, Ministry of Foreign Affairs of Italy.

Mr. Magliano (Italy): More than 20 years ago, the goal was set to achieve health for all by the year 2000. The promotion of basic health care, as approved at Almaty, was clearly the best strategy for reaching that goal. Full implementation of that strategy as an integral part of the health-care system and of the development process as a whole should have led to a profound transformation of health-care systems and to a substantial change in priorities. Instead, a different approach was taken: rather than effecting a systemic change in services, the choice was made to orient health care more towards combating specific illnesses. That may have led to better control of major diseases, but it did not bring about true structural change in the way that health care is provided. We have to admit that we are still far from attaining our goal.

Today we are facing a worldwide health crisis that no one could have imagined 20 years ago: the outbreak of a new plague, the HIV/AIDS epidemic. The inadequacy of health-care systems as a whole and, above all, the failure to tackle the underlying social issues have contributed to the spread of the disease. To this we must add two major factors, the first being armed conflicts and the second poverty, particularly the lack of education, one of the most tragic expressions of poverty. Rather than "health for all", today we have more than 880 million people who are being denied access to basic health care.

At the opening of the twenty-first century, we have a unique opportunity, that is, the common awareness that the international community has a responsibility not to miss this goal once again. The tragic toll in HIV/AIDS victims, especially among the poorest and most afflicted, demands a global response. I insist on the term "global", because the globalization process must be interpreted and governed, above all, within a perspective of sharing the needs of the poorest populations and assisting them, and not just in affirming the interests and policies of the most favoured countries.

In this framework, Italy recognizes the importance of assuring a process of broad sector-by-sector planning, at the level of individual countries, in which public and private partners work together to

carefully identify and promote priorities and needs, as well as internal and external resources. We feel that a similar process should be enacted at every level, assuring strong coordination between bilateral and multilateral donors, as well as between United Nations agencies.

The promotion of fairness in the distribution of and access to health care is one of the guidelines of Italian health cooperation policy. To this I would add prevention, community involvement, appropriate technology, intersectoral participation and the involvement of local resources that are traditional elements of our cooperation, which is inspired by the principles of ownership and partnership.

In this connection, Italy promotes every possible option for improving the availability and reliability of drugs. This includes the lowering of prices and supporting local manufacture of drugs, especially antiretroviral treatments, in order to make the careful distribution of such medicines more effective in the poorest countries. The Italian Government supports and encourages more research, particularly in promoting the testing of preventive and therapeutic vaccines through cooperation and technological transfer programmes with scientific institutes and non-governmental organizations (NGOs) from developing countries.

The Italian initiative currently under way to fight AIDS in Africa follows the above principles and guidelines. It is being implemented in 16 African countries and is fully complementary with the national programmes of each country. For this initiative, Italy has thus far earmarked more than 30 million euros, 20 million of which have already been disbursed. The funds are channelled through bilateral and multilateral arrangements — namely, UNAIDS, the World Health Organization and the United Nations Development Programme but also through national programmes to fight AIDS that unite the Italian scientific community with its co-partners in developing countries. The involvement of both Italian and local NGOs is also foreseen.

In the framework of its international responsibilities, Italy has proposed a strategy to address the most urgent problems stemming from this situation, concerning health first and foremost, but also education, food security, the technological gap and access to markets. This strategy is based on the following four pillars.

First, in the framework of debt cancellation, Italy, as the Assembly knows, has decided to go beyond the commitments of the Heavily Indebted Poor Countries (HIPC) Debt Initiative and is cancelling 100 per cent of the debt of the poorest countries. Secondly, Italy proposes that the markets of industrialized countries be opened to the exports of the poorest countries. Thirdly, Italy hopes that the private sector can play a new role. Fourthly, we suggest that cooperation focus more on the development of human potential in the poor countries by supporting their efforts in the fields of health and education.

One of the tools for concretizing these strategies is the creation of a global health and HIV/AIDS fund. In welcoming the political message sent by this General Assembly session, the Genoa Summit will assure the launching of this fund when it announces the contributions of the G-8 countries. In Genoa, the Italian Government will announce its substantial contribution to the fund. In our view, the fund should be used in a transparent and consistent manner, based on precise project proposals by the afflicted countries. Such proposals should adopt an integrated approach that activates additional resources.

The idea of the fund was born from a wide-ranging, complex dialogue following the G-8 Summit in Okinawa. It is not an end in itself, but rather it aims to provide an opportunity to create a common framework. We are certain that the fund will cement a special relationship, in a moment of acute need, between rich and poor countries. Political leadership will play a decisive role in this area.

Finally, we must not forget that poverty, underdevelopment and illiteracy are factors that contribute significantly to the spread of AIDS. Therefore, the only possibility for success — the only way to reverse the dangerous tendencies that threaten the gains thus far made — is to follow coherent development policies and foster respect for human rights, a respect that is crucial to lowering vulnerability to AIDS.

It is the historic task of this special session to meet the global challenge of AIDS with a global strategy. It is the moral duty of the international community to face up to its responsibilities collectively.

The Acting President: I now give the floor to His Excellency Mr. Julio Frenk, Minister of Health of Mexico.

Mr. Frenk (Mexico) (*spoke in Spanish*): The HIV/AIDS pandemic has turned into a global emergency which threatens the security and development of all countries, not only those in the most affected regions. This emergency demands a forceful response, based as much on national efforts as on collective action among countries, as articulated through international cooperation.

Although in the greater part of most Latin American countries, including Mexico, the HIV epidemic has not reached the dimensions observed in other regions, we do have the opportunity to prevent a greater epidemic, provided there is the necessary commitment. The response to the HIV/AIDS epidemic demands an integrated approach, one balanced between prevention, care, treatment and support. None of these elements can be minimized or ignored. With regard to prevention, we must guarantee safe blood transfusions) all, and access to strategies for significantly educing perinatal transmission. In Mexico, we have succeeded in reducing infection from blood transfusions to the point of elimination, and in reducing perinatal transmission by more than 50 per cent.

In our region, AIDS is a problem that is closely related to sexuality. Thus we need a broad-based and wide-ranging solution that would fully take into account sociocultural issues and promote, as fundamental prevention strategies for the young, sex education and precise and clear information on preventive measures, including the use of condoms.

Comprehensive care for people living with HIV/AIDS implies having the infrastructure and the necessary resources to offer services for detection, counselling and quality medical care, including access to laboratory tests and the necessary drugs. In Mexico, comprehensive care is currently offered through specialized services for HIV/AIDS throughout the country, and 85 per cent of AIDS patients who need treatment are covered by free antiretroviral medicine.

As long as there is discrimination, stigmatization and violations of the human rights of people living with HIV/AIDS or of those at the greatest risk of infection, there is very little that can be done to prevent this epidemic. In Mexico, we support full respect and protection for the human rights of affected persons, as stated in the Universal Declaration of Human Rights and other conventions and international treaties, as reflected in international guidelines.

The AIDS epidemic in Mexico is concentrated in men having sex with other men, commercial sex workers and intravenous drug users, groups in which prevalence reaches as high as 15 per cent. This means that there still is the opportunity to avoid the spread of the epidemic to the entire population. A concentrated epidemic, which is the case in our country, requires strategies that are focused on men and women who are most vulnerable and at most risk of HIV infection. In the next few years, Mexico will reinforce its prevention efforts aimed at those groups, which will be possible thanks to the cooperation of civil society organizations.

Indeed, the active participation of civil society and people living with HIV/AIDS has played a fundamental role in the design, execution and evaluation of programmes of action and the definition of public policy, for which the Government of Mexico will continue to encourage opportunities for discussion and for joint mechanisms to ensure this participation.

Mexico is convinced of the importance of multisectoral, regional and international cooperation as an essential axis in the global response to the HIV/AIDS pandemic. This is why we have actively participated in this area, and we reiterate our commitment to continue to support processes and actions that will allow for the development of greater response capabilities at all levels.

Mexico reaffirms its support for the global leadership of UNAIDS, the UNAIDS unified strategic plan and the creation of a global HIV/AIDS and health fund.

The Acting President (*spoke in Arabic*): I now give the floor to Mr. Hédi M'Henni, Minister of Social Affairs of Tunisia.

Mr. M'Henni (Tunisia) (*spoke in Arabic*): Our country is participating in the special session of the General Assembly as we are extremely concerned about the plight endured by mankind, due to the spread of the infectious disease HIV/AIDS. I am very honoured to read out this statement by President Ben Ali of the Republic of Tunisia, to this session.

> "This special session of the General Assembly on HIV/AIDS is a significant event that illustrates solidarity among nations of the

world, as well as their determination to coordinate efforts to fight HIV/AIDS, the frightful epidemic of our age. I wish to take this opportunity to commend the sustained efforts of Mr. Kofi Annan, the Secretary-General, to convene this special session, which confirms the extent to which the world as a whole has become aware of this epidemic's devastating effects on human health and of the obstacles it creates in the face of development efforts by those countries that are most affected by it, particularly sub-Saharan African countries that, due to the scarcity of resources, are faced with numerous difficulties in eradicating this pandemic and in checking its expansion.

"Tunisia supports the noble goals and orientations set forth in the draft declaration submitted to this session for approval, as they are fully in keeping with our country's commitment to consolidate the principles of human rights in their various dimensions. Ever since the change of November 1987, Tunisia has endeavoured to buttress the economic underpinnings of economic and social progress. One of our greatest priorities has been the eradication of poverty, illiteracy and disease. We have striven to translate this into fact and to expand the area of social welfare to the widest extent possible.

"Tunisia has spared no effort to promote public health and to eradicate epidemic and infectious diseases. Thus, it was able to fight those diseases and to curb some of them. To address HIV/AIDS, since the outbreak of the first case, we initiated a national programme to fight the disease and have reinforced our efforts in the areas of information, awareness-raising, communications and epidemic monitoring, as well as medical, psychological and social care for patients and their families.

"We have endeavoured to combine State efforts with those partners involved in the fight against HIV/AIDS, particularly non-governmental organizations and various components of civil society, in a move to develop the subject matter and the quality of the communicative discourse, taking into consideration the needs of the target groups, particularly the young.

"Since 1987, Tunisia has also striven to ensure safe blood transfusion. Laboratory checks and health care for AIDS patients are free of charge, including the extremely expensive triple-agent HIV/AIDS therapy. This strategy has made it possible to stabilize the number of cases at a relatively low annual average.

"Our pledge to fight AIDS at the national level has not kept us from playing an active role in addressing the plight in our region, Africa and worldwide. Tunisia has availed itself of a number of international events to renew its commitment to cooperate with the international community in fighting the disease and curbing it. For example, since 1990, Tunisia has organized the Conference of Health Ministers of the Maghreb Union and southern Mediterranean countries on health protection and the fight against HIV/AIDS. In 1994, it also presided over the thirtieth African Summit, leading to the Tunis Declaration on AIDS and the protection of children in Africa. It has also participated in several international meetings devoted to the disease.

"We reiterated our commitment to contributing to efforts aimed at halting the expansion of the plight when we took part in the Millennium Summit of the General Assembly and in the African Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases, held last April in Abuja. Strong in our belief that no health or social programme can be successful without giving priority to the fight against poverty worldwide, we have called for the setting up of a world solidarity fund, an initiative that was supported and adopted at the fifty-fifth session of the General Assembly, based on our shared belief in mobilizing efforts to fight poverty, as poverty still constitutes a major obstacle that hinders the eradication of incurable diseases and social scourges, threatening the development capabilities of a number of nations throughout the world.

"Tunisia supports the draft declaration submitted for the approval of the special session of the General Assembly, and it welcomes the initiatives for setting up a global fund to fight HIV/AIDS. We hope that the fund's organizational structure will facilitate effective access by our nations to its funding, enabling

them to initiate programmes aimed at addressing the disease and obtaining antiretroviral therapies at affordable costs.

"I would like to conclude by wishing this session, and all those present, success in achieving what is good for mankind as a whole."

The Acting President (*spoke in French*): I give the floor to His Excellency Mr. Rodriguez Soldevila, Secretary of State for Public Health and Social Assistance of the Dominican Republic.

Mr. Soldevila (Dominican Republic) (*spoke in Spanish*): As everybody knows, the Dominican Republic is located in the Caribbean region and shares with the Republic of Haiti the island of Hispaniola, which is located between Cuba and Puerto Rico. The Dominican Republic covers 48,000 square kilometres, has 8 million inhabitants and an HIV infection rate of 2.2 per cent among the adult population. With the epidemic predominantly affecting the heterosexual population, our country is one of the countries most affected by HIV/AIDS in the Americas.

The first case of AIDS in the country was detected in 1983. In 1985, the first efforts at vigilance for the disease began. In 1987 the national commission for the study of the epidemic was organized, as was the programme for the control of sexually transmitted diseases (STDs) and AIDS in the Ministry of Public Health, with the ample participation of civil society organizations and the close cooperation of foreign agencies.

The programme was initially aimed at combating an epidemic that showed a great potential for spreading, due to the high levels of critical poverty affecting about 70 per cent of the population, the economic and social subordination of women, limited sexual education, sexual initiation at an early age, the widespread practice of commercial sex work, and covert bisexual activity, as well as transnational migration and growing tourism.

In the mid-1990s, the projections for the HIV/AIDS epidemic indicated that by the year 2000 the disease would have a generalized impact among our population, with approximately 5 per cent of the adult population infected by HIV. However, the rate of 2.2 per cent is sufficiently high as to pose a problem for development, menacing our advances in the campaign against poverty, and for improvements in the quality of life of the population.

In particularly vulnerable surroundings and sectors of the population — such as in the sugar cane plantations and prisons, men who have sexual relations with each other and sex workers — the situation is much more serious. For example, among the population of Haitian migrant workers and their descendents, where critical levels of poverty facilitate the rapid propagation of the disease, HIV infection rates range from 7 per cent to 15 per cent.

This is all the more serious if we consider that we share the territory of the island with our sister Republic of Haiti, where there is an HIV infection rate of 5 per cent among the adult population, according to the reports of UNAIDS. This circumstance is also affected by a permeable border and a steady flow of migration.

The economies of Haiti and the Dominican Republic, like those of many other Caribbean nations, increasingly depend upon their international ties, on migration and on tourism. The similarity of the situation on sugar cane plantations and the transnational character of the diasporas suggest that there is a strong link between the sub-epidemics of our neighbouring countries. As a result, we can infer that our island constitutes the principal epicentre of HIV/AIDS in the Caribbean.

We believe the national HIV/AIDS sub-epidemics in the Caribbean should not be viewed as demarcated by national borders, but rather as interdependent processes, which form part of an interregional AIDS pandemic circulating throughout the so-called North Atlantic system, which includes our island, the rest of the Caribbean, North America and Western European countries.

This vision, which we call the "pandemological" vision of HIV/AIDS, attempts to transcend the focus on individual national epidemics and replace it with an interregional perspective that studies the risk factors of populations in their historical and social context. Our starting assumption is that by improving the living conditions of migrants and other vulnerable groups, we could reduce infection rates throughout the system. An impact on the incidence of HIV/AIDS in the island of Hispaniola would diminish the pandemic throughout the entire Caribbean subregion.

As well as defining a new perception of the pandemic, we need to reinvent public health programmes that are culturally appropriate for the prevention and control of HIV/AIDS in its various contexts, within the perspective of human rights and sustainable development. Towards this goal, we propose the concept of a "hermeneutics of solidarity" in order to overcome old and mutually accusatory ideologies that tend to project the disease on the other, and which ultimately place the blame for the suffering on the victims.

Adopting this concept of hermeneutics means sharing the blame and the responsibility among everyone. We propose that the HIV/AIDS situation in each country be seen as a common, regional problem. That way, the problem could become a top priority and be dealt with through the collaboration of all of us, in a synergetic and catalytic manner, while being sensitive to and respectful of local cultures, human rights and the gender perspective.

In the case of the Dominican Republic, a coalition of the Government and civil society dating from the mid-1980s has earned a well-deserved international stature with respect to the multiple aspects of the campa gn against HIV/AIDS. Innovative prevention technologies developed with highly vulnerable groups, such as sex workers, in a situation of equality, was one of our first, and perhaps most opportune and important, achievements.

Other strengths of our programmes are the approval of a law on AIDS, the creation of a presidential council on AIDS, the political will on the part of the Government and civil society actors to face the epidemic, the joint, multisectoral work between both parties, the existence of a strategic national plan, and the creation of innovative programmes for prevention of vertical transmission and for the monitoring of social behaviour. These efforts have been decisively supported by various international cooperation agencies.

This does not mean that the threat of AIDS has been controlled in our territory. Several challenges await us in the near future, particularly in the creative, participatory and transparent approach to reinforcing the activities of prevention and awareness. This includes the promotion and defence of the human rights of individuals living with AIDS, difficulties in the management of financial resources, the high cost of medicines, the need to give continuity to the efforts being made, and the lack of sex education among the population.

On the other hand, the principal demands we wish to share with the international community in this great forum are the following. First, the concept of security should be revised. Traditionally directed towards the investment of substantial economic resources in military conflicts, the focus should be instead on investing in the promotion of health and in the fight against the epidemic. We should reject the position of large pharmaceutical companies who hinder the production of generic antiretroviral drugs for persons living with AIDS. We should create a global fund to finance research towards finding solutions to the HIV/AIDS pandemic.

As a country, we commit ourselves to the development of the following efforts over the next five years. We will develop an effective programme of sex education in educational institutions to prevent HIV/AIDS among youths and adolescents. We will create a strategic alliance with the national pharmaceutical industry to produce generic antiretroviral drugs for individuals living with AIDS at an affordable price. We will implement a national policy on the promotion and distribution of condoms for the groups most at risk of infection by sexual transmission. Throughout the public health system, we will implement efforts for the pharmaceutical prevention of the mother-to-child transmission of AIDS, including counselling services before and after testing, and for the provision of alternatives to breastfeeding, in order that more infants can come into this world without being infected by AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Villa Schmidt, Federal Minister of Health of Germany.

Ms. Schmidt (Germany): In the battle against HIV/AIDS, the world is today embarking on a qualitatively new partnership in terms of international policy. This became possible only when it was generally realized that HIV/AIDS was not only a public health problem, but one which spanned development, economic and even security policy. Today, HIV/AIDS ranks very high on the international agenda, and that is why it was necessary to hold this special session, which I view as the result and culmination of

international policy discussions to date. I thank Kofi Annan for this very important initiative.

Germany welcomes the plans for the creation of a global fund for HIV/AIDS and health. Setting up such a mechanism for providing swift, targeted and efficient resources for necessary and meaningful measures in the countries and regions that are most affected and most at risk will meet a very real need. I sincerely hope that the ongoing negotiations on the setting up of a global fund will succeed soon and will adequately address existing problems. I can state today that Germany will of course support the fund.

In addition to the willingness of the international community to help, responsibility lies with the Governments of the countries that are affected and at risk. They must commit themselves to the fight against HIV/AIDS and assume the leadership role in their countries. This implies — however difficult it may be in individual cases — bringing the problems before the public and calling them by name. This includes, for example, breaking the taboo on homosexuality. It also means embracing the rights of women and girls as fundamental human rights, including the right to sexual self-determination. In that context, I have to say quite frankly that I am shocked that HIV-infected men have sexual intercourse with very young girls who are virgins, in the belief that they can cure the disease by doing so. Naming and exposing this is a precondition for effectively controlling HIV/AIDS. Prevention is possible only through comprehensive, open public information, education and targeted strategies that lead to behavioural changes. And, at the moment, prevention remains the best strategy against HIV/AIDS.

The basic prerequisite for efficient prevention is solidarity with those affected as a humanitarian imperative. Given my country's experience in controlling AIDS, I can affirm one thing: even in Germany, the early 1980s saw fierce social and political debates over the right approach. However, by the end of those debates we had devised a generally accepted national concept for AIDS control that, with the involvement of non-governmental organizations, was based on solidarity. That concept is bound to provide a sound general basis. However, the specific problems vary from one country to another, and no one can, or even wants to, tell the others what to do. But what we will gladly do is to offer and share our experiences.

Leadership also implies linking up with all of those involved: for instance, non-governmental organizations, communities and experienced partners such as UNAIDS and its co-sponsors within the United Nations framework. UNAIDS has transferred best practices from one part of the world to actors in other parts of the globe, and has thus created awareness of the problem itself. It is not least thanks to UNAIDS that many countries have national AIDS control plans which either are about to be or are already being implemented. Thus, UNAIDS merits thanks and recognition. Germany will continue to give full support to the leading role of UNAIDS as coordinator and catalyst in the fight against AIDS in the future as well.

One final thought which is important to me: this special session is the result and the climax of the political discussions on HIV/AIDS that have taken place to date. We are now at another crucial turning point. The global crisis has been recognized. We know what should be done. Now the time has come to take global action. Let us take on this task together.

The Acting President: I now give the floor to His Excellency Mr. João Bernardo De Miranda, Minister of External Relations of Angola.

Mr. De Miranda (Angola) (*spoke in Portuguese; English text furnished by the delegation*): On behalf of my Government, I would like to begin by congratulating Mr. Harri Holkeri on his election to the presidency of this special session dedicated to the issue of HIV/AIDS. The initiative to hold this event reflects the international community's growing concern as it faces the danger that the HIV/AIDS conflagration poses to the stability and development of our societies, and to the very future of humanity.

The impact of the disease has been catastrophic, above all in Africa, a continent that has seen the greatest rate of cases, resulting in a reduction in the active population, the break-up of families and an increase in poverty. African countries, owing to the weakness of their economies and to the resulting weakness of their health-care systems, are not in a position to face alone the challenges of the disease. The United Nations and the international community must continue to devote special attention to the African continent, especially in the areas of prevention and treatment.

At the same time, there is a need to implement appropriate national policies, in which civil society,

non-governmental organizations, churches and the private sector, as social partners with the State, can play an active role.

In Angola, the fight against AIDS constitutes one of our key priorities. It is estimated that there are currently 160,000 persons infected, and that approximately 31,000 have died from the disease to date. It is forecast that nearly a million people may be infected over the next nine years, of whom 500,000 will die if the current trend is not reversed.

The Government's national strategic plan is aimed at preventing the transmission of HIV/AIDS, above all in the most vulnerable groups, and in reducing the negative impact of the disease within families and communities. The Government has allocated $33 million for the implementation of the plan. The President of the Republic is a sponsor of this strategic plan, and he is mobilizing all sectors of society.

The outcome of the campaign to fight AIDS in Angola could be more effective if an end were put to the terrorist acts being carried out by armed groups led by Jonas Savimbi. Those acts have destroyed health-care infrastructure, affecting the development of campaigns for the prevention and treatment of the disease. Jonas Savimbi continues to reject resolutions of the Security Council and persists in using the vile logic of war as a means of seizing political power. He continues to wage war despite ceaseless appeals by the international community to return to the framework of the Lusaka Protocol, the only political and legal framework for achieving lasting peace and national reconciliation. The onus of responsibility is on Savimbi to declare, without delay, a unilateral ceasefire, to disarm and to cooperate with the United Nations in order to restart the processes of the Lusaka Protocol and carry out strictly its remaining unfulfilled provisions.

The political, economic and social stabilization that would take place with the return of refugees and the resettling of displaced populations will permit the Government to carry out with greater effectiveness the campaign to fight HIV/AIDS, as well as other diseases such as malaria and tuberculosis.

It is Angola's view that the fight against HIV/AIDS will have to be won through concerted efforts by the international community. For this reason, Angola welcomes with satisfaction the initiative to create a global fund to fight HIV/AIDS, which was announced by the Secretary-General at the recent World Health Assembly, and we appeal to the international community to contribute to that fund. At the same time, we reiterate our support for the conclusions of the Abuja Summit.

We are convinced that this special session will help the international community find the most effective ways and means to halt the propagation of the AIDS scourge.

The Acting President: I give the floor to His Excellency Mr. Ali-Akbar Sayyari, Vice-Minister of Health and Medical Education of the Islamic Republic of Iran.

Mr. Sayyari (Islamic Republic of Iran): We have gathered here to address a tragic global emergency situation, an indeed painful affront to human life and dignity and a daunting challenge to the entire international community. We are acting on the solemn commitment made by our heads of State and Government at the Millennium Summit last September to first halt and then begin to reverse the spread of the HIV/AIDS pandemic.

Currently Iran belongs to the group of countries in which the disease is little prevalent. However, we in the Health Ministry are of the view that the pattern is rapidly changing into an epidemic concentrated among intravenous drug users. The first HIV case in Iran was reported in 1987, and now 2,721 cases — 2,608 men and 113 women living with HIV/AIDS — have been reported. Drug abuse has been the dominant mode of transmission, accounting for 65 per cent of the known and reported cases. This is directly related to the very serious drug problem we face as a result of being situated on the transit route for illicit drugs. Another 12 per cent of the cases have been due to heterosexual transmission.

Despite the low prevalence of the disease, a national committee to combat HIV/AIDS, chaired by the Minister of Health, was set up in 1987. It provides policy guidance to the national AIDS programme. The national strategic plan, based on multisectoral collaboration and coordination, is mainly focused on prevention and includes the following major activities: providing patients and communities with information and educational material and facilitating communication; serological and behavioural

surveillance; voluntary testing and counselling; blood safety; and HIV care, support and treatment.

We believe that international assistance, particularly through relevant agencies, can certainly help us to pursue the next steps. These include strengthening the national strategic plan through more active multi-stakeholder participation, including that of non-governmental organizations, the private sector and communities; training programmes, including both out-patient and in-patient care; a management information system; and an information, education and communication programme, with an emphasis on behavioural change.

Allow me to underline a number of overriding considerations. First, we believe that the success of any programme at the national, regional and international levels by necessity depends on genuine consideration for specific national situations and respect for the particular norms and values of the societies concerned. In this context, the pivotal role of the family and of religious and community leaders needs to be underlined. The emphasis on these aspects and elements in the proposed final outcome is well placed, if not optimally satisfactory.

Secondly, the need for urgent, effective international assistance programmes commensurate with the tragic dimensions of the pandemic, and with a particular focus on Africa, can hardly be overemphasized. This should not, however, lead to neglecting the problem of HIV/AIDS transmission through intravenous drug abuse in other countries and regions.

Thirdly, care and treatment of those already infected is all but imperative and should be pursued with vigour and as a matter of priority. Yet it is our considered view that prevention — in the broadest sense of the word, and most certainly based on moral choice, responsible sexual behaviour and the promotion and protection of the family — provides a more effective shield against the further spread of the pandemic.

I close my statement with a brief word of appreciation to the President, to the Secretary-General, the facilitators and all the negotiators. I wish all of you and the special session every success. Let us resolve to halt and reverse the spread of this deadly and dehumanizing pandemic.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Eddy Boutmans, Secretary of State for International Cooperation of Belgium.

Mr. Boutmans (Belgium) (*spoke in French*): First of all, I would like, on behalf of Belgium, to congratulate Mr. Peter Piot, Executive Director of UNAIDS, who has just been awarded the Nelson Mandela Prize.

The AIDS epidemic has taken on dramatic proportions. The statistics are numerous and well known to this forum. The human, social and economic consequences are enormous. HIV infection and AIDS give rise to complex medical and cultural problems for which there are no simple solutions. Poverty, in the broad sense of the term, is the engine of the epidemic. AIDS is clearly a problem related to development.

I appreciate the fact that the European Commission plan of action on communicable diseases mentions this context of poverty eradication. This clearly illustrates the choices we face, as well as an awareness of the stakes involved in this epidemic. How can we expect young people in the shantytowns of metropolitan areas to change their sexual behaviour, even if they have copious information, if their circumstances give them no hope of living a life of dignity? Sustainable development and the fight against poverty are the global goal encompassing all other challenges. Among other things, we should be ready to reconsider international socio-economic relations in a fundamental manner, in order to enable the poorest countries to break free of the impasse. We will not escape eventually having to consider redistribution of resources, even if that implies sacrifices.

Awareness of the gravity of the situation created by this epidemic has increased considerably in recent years, both among the leaders of the most affected nations and in the international community as a whole. The battle against AIDS is a priority on the agendas of numerous political meetings such as this one. New types of alliances and examples of coordination are emerging. This increased attention to the problem is both positive and necessary. However, there is a grave risk that large amounts of money may go to finance vertical, prestige-driven programmes and questionable priorities.

The current stage of the epidemic and, in particular, the impact of social factors on its spread call

for a multiplicity of responses and strategies, namely, preventive efforts to influence behaviour through education, intervention in the social and political spheres, and therapeutic efforts. Education continues to be an important aspect of our efforts. While making progress in understanding the epidemic, it is important to inform people so that they will be able to develop proper behaviours and to live with the epidemic. In addition to specific information, this process should be part of education plans and should strengthen the struggle against social inequality in the face of infection.

HIV-positive individuals should be part of prevention efforts, in particular by involving them from the time campaigns are designed through the evaluation of those campaigns. Particular attention should be given to those in the most vulnerable groups, for example, women, men who have sexual relations with other men, migrants without status, prostitutes, persons who are victims of social exclusion, intravenous drug users, prisoners, HIV-positive children and young people and HIV-positive women who want to have children. Let us pay tribute to the individuals in those groups who have spoken out publicly about their situation.

With regard to Belgian AIDS policy, one of our objectives is to work within the framework of coordinated international action. A new concept of cooperation was launched thanks to the International Partnership against AIDS in Africa, which is a UNAIDS initiative. The Partnership leaves to countries themselves the responsibility for developing their national strategic plans. The donor community should respond to this in a coordinated manner. The Partnership is not just another superstructure; it is a commitment to work for a common objective with various categories of partners and social actors at different levels.

During the launching of the Partnership — in New York in December 1999 and in which I participated — there were present representatives of African countries, United Nations agencies, donor countries, non-governmental organizations and private sector organizations, such as pharmaceutical companies and trade unions, as well as the media. These new forms of partnership are not only enriching but have become an absolute necessity if we are to achieve results in the medium term.

With our limited means, and in a common effort with numerous partners, Belgian cooperation action attempts to contribute to fighting this global challenge and to work in a complementary and synergistic way in this common effort. Our support for the struggle against AIDS comprehensively doubled between 1999 and 2000. Added to that are the efforts of the Dutch-, French- and German-speaking communities of Belgium.

The events in Brazil and South Africa and civil society campaigns have had the snowball effect of reducing the cost of antiretroviral drugs. That avalanche will not stop, even if there is still a long way to go. Millions of people want treatment, and thousands of pregnant women need access to medicine. The issue of the right to health has never been so clearly expressed. The treatment of people with HIV/AIDS is a complex undertaking, one that requires that health services function in a satisfactory manner and that so far has not provided a cure. Treating people improves their living conditions, but it does not stop the epidemic.

Political discussions have centred on ways to strengthen or implement the fight against the epidemic. I shall limit my comments specifically to the global fund.

We believe that the management of the proposed global fund should conform to several criteria. Its objective should be grounded in public health and therefore public sector actors who have been democratically given responsibility and the representatives of beneficiaries should be the ones to determine the direction to be followed. This initiative should also make it possible to regroup forces by reassembling the various special funds now in existence. The fund should be part of a global health strategy and all its activities should be aimed at strengthening existing capacities and basic structures in the area of public health, as well as in other areas. It should function flexibly and effectively. The acquisition of medical products should be based on a system of differentiated prices. All mechanisms being contemplated as a result of international agreements to improve access to medicines should be put into operation. If the appropriate modalities are worked out, we would favour a special fund because such a fund could potentially be a useful tool. But we should be very clear about the fact that all this should be done with the wisdom this cause merits.

Finally — and I apologize for exceeding my allotted time — I would like conclude by saying that money is just one aspect of combating AIDS. The human commitment of millions of people who show remarkable courage in this struggle is of equal value. The stakes are profoundly human. It is our solidarity and our ability to work together that will enable us, I am sure, to face this battle.

The Acting President: I give the floor to Her Excellency Mrs. Ruth Dreifuss, Federal Councillor, Minister of Health, Social Affairs, Education, and Science and Culture of Switzerland.

Mrs. Dreifuss (Switzerland) (*spoke in French*): The nations of the world have gathered here, in New York, not only to discuss the problems related to HIV/AIDS, but especially to decide on concrete measures to fight this pandemic.

For the Swiss Government, the battle against HIV/AIDS begins with ensuring proper coordination at the national level allowing it to collaborate with other civil society actors, notably international organizations, non-governmental organizations (NGOs), the economic and research sectors and people living with HIV/AIDS and their families.

Furthermore, any programme designed to effectively fight HIV/AIDS must have adequate and long-term financial means. Its principal axis must be prevention, in order to impede to the extent possible the spread of further infection. Prevention is paramount, especially since no cure exists for this disease. Preventive strategies must place an emphasis on vulnerable groups and people, in particular youth — especially young girls — intravenous drug users, men who have sex with men, migrants and people involved in prostitution.

The predominant role played by a fully empowered civil society must be recognized, particularly in prevention and care, but also in helping programmes to better monitor their activities. Furthermore, to us, it is also very important that activities designed to fight HIV/AIDS be clearly based upon the principles of non-discrimination and of respect for human rights.

One of the most tragic consequences of HIV/AIDS is certainly its having orphaned millions of children who have lost their fathers or mothers, and sometimes both. Many of these orphans are also infected by HIV/AIDS. It is therefore imperative that a portion of any additional financial resources be used to help them. We must ensure these children the full enjoyment of their fundamental rights and shield them from stigmatization.

Care, treatment and support, along with prevention, constitute inseparable elements for an effective response. In poor countries, access to medication must be made possible for people living with HIV/AIDS. We must persevere in our efforts to reduce the cost of medication. Furthermore, one can neither minimize the gravity of the problem of resistance to the virus, which may develop with use of the wrong medication, nor justify inaction by hiding behind such a fear.

In many developing countries, assuming responsibility for a large number of people affected by the disease requires a reinforcement of health-care systems. Switzerland, for its part, supports granting additional financial resources to multisectoral and cross-cutting programmes, rather than only to specific projects that are often short-lived. It is a question of taking this opportunity to improve the overall health-care infrastructure of countries concerned.

As far as specific projects are concerned, priority should be given to preventing transmission of the virus from mother to child, especially given that treatment in this regard is relatively simple and could be implemented on a large scale.

Lastly, we must increase our efforts in the research and development of a vaccine against HIV/AIDS, of microbicides and of medications intended to fend off the myriad opportunistic sicknesses related to HIV/AIDS, most notably tuberculosis.

Less fortunate countries will need considerably increased resources in the battle against the scourge of HIV/AIDS. These additional resources will have to be drawn from national budgets and from international and private funds.

In response to this emergency, the Swiss Government has decided to practically double its multilateral contribution in 2001, bringing its total contribution to UNAIDS to 4 million Swiss francs. It has also decided that for 2002 this multilateral contribution will be doubled again. Switzerland thereby makes known, through this increased financial effort,

its willingness to stand in solidarity and the importance that it attaches to the fight against HIV/AIDS.

With this perspective in mind, Switzerland wishes to hail the United Nations on its promotion of the concept of a global AIDS and health fund. We can expect this fund to ensure the sustainability of the international community's efforts and to help mobilize real additional resources. In order to increase Switzerland's long-term financial effort in the battle against HIV/AIDS in developing countries, new directions for financing will be examined, including through global fund.

The meeting rose at 9.30 p.m.